DLN: 93493320032212

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public

ntemal	Revenue	Service File organization may have to use a copy or	tills return to satisfy s	tate reporting i	equirements	Inspection		
A Fo	r the 2		and ending 12-31-201	1				
3 Ch	eck ıf ap	pplicable C Name of organization SUNSET GROVE COUNTRY CLUB INC			D Employer ider	ntification number		
Add	dress ch	Doing Business As		_	74-1689236 E Telephone nui			
Na	me char	nge						
Ini	tıal retur	Number and street (or P O box if mail is not delivered t	o street address) Room/su	ute	(409)883-9			
– _{Tei}	rmınated	d 2900 SUNSET DRIVE		L	G Gross receipts \$	5 1,423,734		
– _{Am}	ended r	return City or town, state or country, and ZIP + 4		_				
- Ap	plication	ORANGE, TX 77630 pending						
		F Name and address of principal officer		11/->				
		Wallie and address of principal officer		affiliat	a group return es?	TYes ▼ No		
				` `	affiliates include	· · · · · · · · · · · · · · · · · · ·		
Ta	x-exem	ppt status	47(a)(1) or		," attach a list exemption nur	(see instructions)		
				ј н(с)	exemption nur	ilibel F		
, w	ebsite	::▶ N/A		<u> </u>				
∢ For	m of org	ganization 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨		L Year of form	nation 1941 M	State of legal domicile TX		
Pa	rt I	Summary						
		Briefly describe the organization's mission or most signifi						
		THE CLUB IS ORGANIZED FOR THE DEVELOPMENT O RECREATIONAL ACTIVITY IS GOLF	F SOCIAL AND REC	REATIONALA	CTIVITIES TH	IE CLUB'S PRIMARY		
Governance	-	CONTRACTOR ACTIVITY TO GOLD						
₫	-							
	-							
5		Check this box 🔭 if the organization discontinued its op			1 1			
Acuvilles &		Number of voting members of the governing body (Part V)			3	12		
<u> </u>	1	Number of independent voting members of the governing			4	424		
5	1	Fotal number of individuals employed in calendar year 20			5	73		
Ę		Fotal number of volunteers (estimate if necessary)			6			
		Fotal unrelated business revenue from Part VIII, column			7a	-23,354		
	Ь	Net unrelated business taxable income from Form 990-T	, line 34		7b	-23,210		
	_			Prior	Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		1 222 021	1 225 066			
Revenue	9	Program service revenue (Part VIII, line 2g)		1,323,031	1,335,869			
ξ	10	Investment income (Part VIII, column (A), lines 3, 4, a		395	144			
	11 12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 Total revenue—add lines 8 through 11 (must equal Par		8,218	-10,363			
	12	12)			1,331,644	1,325,650		
	13	Grants and similar amounts paid (Part IX, column (A),				C		
	14	Benefits paid to or for members (Part IX, column (A), li	ne 4)			C		
.	15	Salaries, other compensation, employee benefits (Part	IX, column (A), lines		500050	564 504		
Expenses		5-10)		503,953 561,				
₹ F	16a	Professional fundraising fees (Part IX, column (A), line	11e)			C		
五	b	Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 0$						
	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			869,159	882,478		
	18	Total expenses Add lines 13-17 (must equal Part IX,			1,373,112	1,443,999		
40	19	Revenue less expenses Subtract line 18 from line 12			-41,468	-118,349		
මූ ජ සූ				Beginning Ye	of Current ear	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)			1,352,529	1,221,617		
2 B	21	Total liabilities (Part X, line 26)			703,917	658,062		
ъ <u>Е</u>	22	Net assets or fund balances Subtract line 21 from line			648,612	563,555		
Pa	t III	Signature Block			,	,		
Jnde	r penal	ties of perjury, I declare that I have examined this return, inc						
	ledge a ledge.	and belief, it is true, correct, and complete. Declaration of pro	eparer (other than office	er) is based on al	ll information of	which preparer has any		
		*****		201	2-11-15			
Sigr	1	Signature of officer		Dat	e			
der		JOHN PRATHER Treasurer						
		Type or print name and title						
		riepalei s		Check If		er identification number		
Paid		signature Joel E Steirman self- employed (see instructions)						
	arer's	Firm's name (or yours SteirmanWhitfield & Co PC CPA		· · •				
	Only	ıf self-employed),			EIN 🕨			
	-	,			Phone no 🕨 (40	9) 883-3350		
		Oranga TV 77630			1	,		

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes

✓ No

	990 (2011)				Page Z
Par	t IIII Statement of Check if Schedule		Accomplishments e to any question in this Part III		୮
1	Briefly describe the orga	<u> </u>	· ·		<u> </u>
_			NT OF SOCIAL AND RECREATION	NAL ACTIVITIES THE CLUB'	S PRIMARY
RECI	REATIONAL ACTIVITY I	S GOLF			
2	Did the organization und the prior Form 990 or 99	ertake any significant	program services during the year w	which were not listed on	res ▼ No
	If "Yes," describe these	new services on Sched	ule O		
3	Did the organization cea services?		e significant changes in how it cond		Yes √ No
	If "Yes," describe these	changes on Schedule (·
4	expenses Section 501(c)(3) and 501(c)(4) or	complishments for each of its three ganizations and section 4947(a)(1 nses, and revenue, if any, for each) trusts are required to report t	
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	SOCIAL ORGANIZATION PROV	/IDING GOLF COURSE, SWI	MMING POOL, TENNIS COURTS & DINING F	ACILITIES FOR ITS MEMBERS	•
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				, ,	,
	Other program services	(Describe in Schodul	۵ ()		
Tu	(Expenses \$	·	g grants of \$) (Revenue \$)
	Total program service e		33 7	, ,	,
	i otai piogram service e	APCIISCSF⊅			

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		l _{No}
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2011)

	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
_	Did the experience comply with healton withhelding with for venetable powers to word an experience			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
3	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the	За		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		No
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Ea		No
а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
	organization solicit any contributions that were not tax deductible?			
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		
d	file Form 8282?	7 c		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a			
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	ı		
	business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		l No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a 1,300			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 74,730 facilities			
1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
,	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No.

Form 990 (2011) Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Se	ction A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	424			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	ation's assets? .	5	Yes		
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body? \cdot . \cdot .			8b		Νo
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Sched			9		No
	ection B. Policies (This Section B requests information about policies not	requ	ired by the Internal			
ĸe	venue Code.)				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	103	No
	If "Yes," did the organization have written policies and procedures governing the act		s of such chapters	100		110
_	affiliates, and branches to ensure their operations are consistent with the organizati purposes?	on's e	xempt	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the F	orm 9	90			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12a		Νo
b	Were officers, directors or trustees, and key employees required to disclose annuall rise to conflicts?			12b		No
c	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe			No
13	Did the organization have a written whistleblower policy?			13		No
14	Did the organization have a written document retention and destruction policy? .			14		No
15	Did the process for determining compensation of the following persons include a rev independent persons, comparability data, and contemporaneous substantiation of the	iew ar	nd approval by			
а	The organization's CEO, Executive Director, or top management official			15a		Νo
	Other officers or key employees of the organization			15b		Νo
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?			16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organi					
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e step	s to safeguard the	16b		No
Se	ction C. Disclosure					
	List the States with which a copy of this Form 990 is required to be filed▶					

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 JOHN PRATHER 2900 SUNSET DRIVE ORANGE, TX 77630 (409)883-9392

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

◆ List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if heither the organiz	zacioni noi any re	iateu o	ıyaııı	Zatio	אונט (compe	nsai	ted any current or it	officer, direct	or, or trustee
(A) Name and Title	(B) A verage hours per week (describe		on (d e thar	n one son er ar	box s box nd a	×, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) DEWEY SCOTT Director	0 00							0	0	0
(2) DEAN PRIDDY Director	0 00							0	0	0
(3) JOHN PRATHER Treasurer	0 00							0	0	0
(4) RICK KESZEG Director	0 00	х						0	0	0
(5) JOHN YOUNG Director	0 00	х						0	0	0
(6) JOE KAZMAR Director	0 00	х						0	0	0
(7) MILES HALL Director	0 00	х						0	0	0
(8) SHARON KOSBOTH Secretary	0 00	х						О	0	0
(9) RANDY BROWN Director	0 00	х						0	0	0
(10) TOM TOAL Director	0 00	х						О	0	0
(11) BART WILLIANS Vice President	0 00	х						0	0	0
(12) PETE STERLING President & CEO	0 00	Х						О	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	A verage hours per unless person is both week (describe hours) A verage hours position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensatio from the organization (2/1099-MIS	from related W- organization	n d s	(F) Estimated amount of oth compensatio from the organization a related				
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC		organizations			
		+													
		1													
		_													
1b	Sub-Total				٠.	•		►							
С	Total from continuation sheets	to Part VII, Sec	tion A					•							
d	Total (add lines 1b and 1c) .							•							
2	Total number of individuals (inc \$100,000 of reportable comper	_				ted	above) who	received more	than					
_	Dallie and the first of the second				1.							Yes	No		
3	On line 1a? If "Yes," complete Sc					еу е •	mpioy •	ee, o •	r nignest comp	ensated employee	3		No		
4	For any individual listed on line organization and related organization														
5	Did any person listed on line 1a									on or individual for	1		No_		
	services rendered to the organi	zation / IT Tres, "	compiet	e Scri	eaui	ејт	or suci	i pers	son		5		No_		
Se	ction B. Independent Cor	ntractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax	n the organizatio													
	Na	(A) me and business ad	dress						1	(B) Description of services		(C Comper			
	Total number of independent con	+ wa a tawa (nıta	1 +0	thaca	lictor	<u> </u>	actived means them					

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part v	7111	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or
40 vs	1a	Federated campaigns	1a				514
計量	Ь	Membership dues	1b				
₽Ğ		Fundraising events	1c				
Contributions, gifts, grants and other similar amounts	d	Related organizations	1d				
<u>5,≅</u>	_ e	Government grants (contributions)	1e				
<u>۾ ٻُ</u>	f	All other contributions, gifts, grants, and	1f ———		ł		
흌		sımılar amounts not ıncluded above					
풀물	g	Noncash contributions included in	n				
200	h	Ines 1a-1f \$ Total. Add lines 1a-1f		0			
			Business Code				
E E	2a	GOLF SHOP	713910	78,860	78,860		
Э.	Ь	GOLF COURSE FEES	713910	135,373	135,373		
ъ Щ	_c	DINING ROOM	713910	562,316	562,316		
rwe	d	CLUBHOUSE FEES & ASSMTS	713910	559,320	559,320		
S.	e		- 12525	337,525	337,323		
Program Serwce Revenue	f	All other program service revenue	_ e				
િ. •							
	g	Total. Add lines 2a-2f		1,335,869			
	3	Investment income (including divard other similar amounts)	F	144	144		
	4	Income from investment of tax-exempt		0	111		
	5	Royalties	F	0			
		(ı) Real	(II) Personal				
	6a	Gross rents					
	ь	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)	 ▶	o			
		(ı) Securities	(II) Other				
	7a	Gross amount	(1)				
		from sales of assets other					
	Ь	than inventory Less cost or					
		other basis and sales expenses					
	c c	Gain or (loss)					
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising					
ΞĒ		events (not including \$					
<u>₹</u>		of contributions reported on line 1	Lc)				
æ		See Part IV, line 18	a				
Other Revenue	Ь	Less direct expenses					
₹	c	Net income or (loss) from fundrais		o			
	9a	Gross income from gaming activity	· · · · · · · · · · · · · · · · · · ·				
		See Part IV, line 19					
	.	1	a				
	b с	Less direct expenses Net income or (loss) from gaming	activities	ol			
	10a	Gross sales of inventory, less					
		returns and allowances .					
			a 74,730				
	b	Less cost of goods sold	b 98,084	22.254		22.254	
		Net income or (loss) from sales o Miscellaneous Revenue		-23,354		-23,354	
	11-		Business Code 713910	600	600		
	_	GUEST FEES	713910	12,391	12,391		
	b	FINANCE CHARGES	- ,13310	12,391	12,331		
	C	All other revenue	-				
	d	All other revenue					
	e	Total. Add lines 11a-11d	▶	12,991			
	12	Total revenue. See Instructions	▶	1 225 555	4 340 33	32.25	
	ı		l	1,325,650	1,349,004	-23,354	

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combined educational campaign and fundraising solicitation

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) 굣 Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 0 Grants and other assistance to individuals in the United States See Part IV, line 22 0 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 0 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons O described in section 4958(c)(3)(B) . . . Other salaries and wages 491,500 491,500 Pension plan contributions (include section 401(k) and section 0 403(b) employer contributions) Other employee benefits 24,430 24,430 45,591 45,591 Fees for services (non-employees) Management 0 0 Legal 7,781 7,781 0 Professional fundraising See Part IV, line 17 . . 0 0 Investment management fees 0 g 1,277 Advertising and promotion . . . 1,277 18,999 Office expenses 18,999 Information technology 0 Royalties . . 0 0 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 Conferences, conventions, and meetings 23,596 23,596 Payments to affiliates Depreciation, depletion, and amortization 84,262 84,262 68,880 68,880 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) UTILITIES 74,013 74,013 REPAIRS & MAINT BUILDING 107,042 107,042 OPERATING SUPPLIES 134,064 134,064 MERCHANDISE GOLF SHOP 69,884 69,884 FOOD AND SUPPLIES KITCHEN 176,630 176,630 f All other expenses 116,050 116,050 Total functional expenses. Add lines 1 through 24f 1,443,999 1,443,999 Joint costs. Check here ► 🗀 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1	0
	2	Savings and temporary cash investments		199,861	2	136,435
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		129,802	4	124,360
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	, key employees, ar	nd		_
	6	Schedule L		nd	5	0
		Schedule L			6	0
ž.	7	Notes and loans receivable, net			7	0
Assets	8	Inventories for sale or use		26,433	8	37,993
⋖	9	Prepaid expenses and deferred charges		13,686	-	16,766
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	1 1	2,021		,
	ь	Less accumulated depreciation	10b 1,525	5,958 982,747	10c	906,063
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,352,529	-	1,221,617
	17	Accounts payable and accrued expenses .	•	77,618		50,747
	18	Grants payable		77,010	18	30,747
	19	Deferred revenue		63,297		56,479
	20	Tax-exempt bond liabilities		00,297	20	30,473
			5			
abilities	21 22	Escrow or custodial account liability Complete Part IV of Schedule Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			21	
ā		persons Complete Part II of Schedule L			22	
ä	23	Secured mortgages and notes payable to unrelated third parties		563,000		550,836
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part D	d third parties,	2		
	26	Total liabilities. Add lines 17 through 25		703,917	-	658,062
es —	20	Organizations that follow SFAS 117, check here ► and complethrough 29, and lines 33 and 34.	ete lines 27	1 30,011	20	
ğ	27	Unrestricted net assets			27	
Fund Balances	28	Temporarily restricted net assets			28	
<u> </u>	29	Permanently restricted net assets			29	
Ž	-	Organizations that do not follow SFAS 117, check here ► ✓ and	l complete			
		lines 30 through 34.	. complete			
s or	30	Capital stock or trust principal, or current funds		209,550	30	209,350
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .		61,463		65,252
8.5	32	Retained earnings, endowment, accumulated income, or other fur		377,599	\vdash	288,953
Net /	33	Total net assets or fund balances		648,612	-	563,555
ž	34	Total liabilities and net assets/fund balances		1,352,529		1,221,617
		rotar nabilities and net assets/land balances		1,332,329	J-+	1,221,017

Pa	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		. I	
1	Total revenue (must equal Part VIII, column (A), line 12)		1,3	325,650
2	Total expenses (must equal Part IX, column (A), line 25)		1,4	43,999
3	Revenue less expenses Subtract line 2 from line 1		-1	.18,349
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	,		48,61
5	Other changes in net assets or fund balances (explain in Schedule O)			33,29
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		5	63,555
Pai	The contains and Reporting Check if Schedule O contains a response to any question in this Part XII		୮	
1	Accounting method used to prepare the Form 990		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Additional Data

Software ID: 11000144

Software Version: 2011v1.2

EIN: 74-1689236

Name: SUNSET GROVE COUNTRY CLUB INC

Form 990, Special Condition Description:

Special Condition Description

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493320032212

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

	me of the organization	Emp	Employer identification number					
SUI	NSET GROVE COUNTRY CLUB INC	74-1	74-1689236					
Pa	rt I Organizations Maintaining Donor Ac							
	organization answered "Yes" to Form 99	l ·	1 .	(h) Funda and ather				
1	Total number at end of year	(a) Donor advised funds	+ '	(b) Funds and other accounts				
_								
2 3	Aggregate contributions to (during year) Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advi- funds are the organization's property, subject to the	organization's exclusive legal control?		☐ Yes ☐ N				
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit							
Pa	rt II Conservation Easements. Complete	if the organization answered "Yes"	to Form	n 990. Part IV. line 7.				
2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	on or pleasure) Preservation of a	certified	ically importantly land area d historic structure onservation				
	, , , , , , , , , , , , , , , , , , ,			Held at the End of the Year				
а	Total number of conservation easements		2a					
b	Total acreage restricted by conservation easements		2b					
С	Number of conservation easements on a certified his	toric structure included in (a)	2c					
d	Number of conservation easements included in (c) ac	cquired after 8/17/06	2d					
3	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or termina	ted by th	ne organization during				
4	Number of states where property subject to conserva	ation easement is located 🗕						
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		ndling of	Fviolations, and Yes N				
6	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments dı	uring the year ►				
7	A mount of expenses incurred in monitoring, inspectines	ng, and enforcing conservation easemen	ts during	g the year				
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection	┌ Yes				
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	the footnote to the organization's financia						
Par	Organizations Maintaining Collection Complete if the organization answered	ns of Art, Historical Treasures,	, or Otl	her Similar Assets.				
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu					
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research						
	(i) Revenues included in Form 990, Part VIII, line 1			► \$				
	(ii) Assets included in Form 990, Part X			▶ \$				
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA!		for finan					
а	Revenues included in Form 990, Part VIII, line 1			► \$				

Assets included in Form 990, Part X

Part	TITE Organizations Maintaining Co	llections of Art,	<u>, His</u>	tori	<u>cal Tr</u>	<u>easu</u>	res, or C)the	<u>r Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	of th	ne foll	owing t	hat ar	e a signific	ant u	se of its c	ollectio	n	
а	Public exhibition		d	Γ	Loan	or excl	hange prog	rams				
b	Scholarly research		e	Γ	Other							
C	Preservation for future generations											
4	Provide a description of the organization's co	llections and explai	ın hov	w they	furthe	r the o	rganızatıoı	n's ex	cempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Par	Part IV, line 9, or reported an am						answere	ed "Y	es" to Fo	rm 990	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribu	tions o	or other as:	setsı	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	and complete the t	follow	/ıng ta	ble		Γ			Amoi	unt	
С	Beginning balance						ŀ	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						}	1f				
	Did the organization include an amount on Fo	rm 000 Dart V line	. 212				L				Yes	
2a 			21,							'	165) NO
b Dai	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		anc	WOR	d "Vo	s" to I	Form 990	Dar	t IV line	10		
	Endowment Funds. Complete	(a)Current Year		Prior Y			o Years Back				Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	is									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ▶											
За	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	re held	l and a	dmınıstere	d for	the			
	organization by									D (1)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		
ь	(ii) related organizations				ııle R?	•		•		3b		
4	Describe in Part XIV the intended uses of the											_
Par	rt VI Land, Buildings, and Equipme					.0.						
	Description of property			(a)	Cost or s (invest	other	(b)Cost or basis (oth		(c) Accum depreca		(d) Bo	ok value
	Land											
	Buildings		•					5,532				805,532
	Leasehold improvements		•				1,38	8,214			:	1,388,214
	Equipment		•									
	Other			<u></u>	10() ;			8,275		525,958	-:	1,287,683
rota	I. Add lines 1a-1e (Column (d) should equal Fo	rm 990, Part X, colun	nn (B)	, line	10(c).)				►			906,063

(a) Description of security or category	<u>Form 990, Part X, line 1</u>	2.
(up be seription of security of edecagory	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
Other		
		+
Total. (Column (b) should equal Form 990. Part X. col (B) line 12)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related. See		13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descrip	rcion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.	

Part XI, Line 8

Comp Part	Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (XIV Supplemental Informa plete this part to provide the description V, line 4, Part X, Part XI, line 8, Part X conal information		5, and	• • • ne 18) 9, Part	III, lines 1a and 4,		
c 5 Part	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (EXIV Supplemental Informal plete this part to provide the description		5, and	• • • ne 18) 9, Part	III, lines 1a and 4,	5 Part IV,	
c 5	Add lines 4a and 4b		· rt I, lın				
с	Add lines 4a and 4b		rt I lin				
	,		•	40		4	
h	Other (Describe in Part XIV)						
а	investment expenses not included of	i i oiiii 550, Fait VIII, IIIIe /D		4a 4b		_	
	Investment expenses not included on			4a			
3 4	Amounts included on Form 990, Part	IX line 25 hut not on line 1.	•			3	
е 3	Add lines 2a through 2d Subtract line 2e from line 1					2e 3	
d	Other (Describe in Part XIV)		•	2d			
C	Other (December Bort VIV)		•	2c		-	
b	Prior year adjustments		•	2b		_	
a	Donated services and use of facilities			2a		\dashv	
2	Amounts included on line 1 but not of			اما			
1	Total expenses and losses per audite statements					1	
	Reconciliation of Expens		Stat	emen	ts With Expense	s per	Return
5	Total Revenue Add lines 3 and 4c. (T					5	D
С	Add lines 4a and 4b		•			4c	
b	Other (Describe in Part XIV)		L	4b		-	
а	Investment expenses not included o		.	4a		⊣ ∣	
4	Amounts included on Form 990, Part			,			
3	Subtract line $\mathbf{2e}$ from line 1					3	
e	Add lines 2a through 2d					2e	
d	Other (Describe in Part XIV) $$.		. [2d		_	
c	Recoveries of prior year grants .		. [2c		_	
b	Donated services and use of facilities	5	. [2b]	
а	Net unrealized gains on investments		. [2a		_	
2	Amounts included on line 1 but not o	n Form 990, Part VIII, line 12					
1	Total revenue, gains, and other supp	•				1	
Part					s With Revenue	per Re	eturn
10	Excess or (deficit) for the year per fina		s 3 and	d 9		10	
9	Total adjustments (net) Add lines 4 -	8				9	
8	Other (Describe in Part XIV)					8	
7	Prior period adjustments					7	
6	Investment expenses					6	
5	Donated services and use of facilities					5	
4	Net unrealized gains (losses) on inves	tments				4	
3	Excess or (deficit) for the year Subtra	ct line 2 from line 1				3	
2	Total expenses (Form 990, Part IX, co					1	
1	Total revenue (Form 990, Part VIII, c					1	

Part XI, Line 8 Other Changes in Net Assets or Fund Balances PRIOR PERIOD PREPAID INSURANCE \$3402 Prior period fixed assets \$26435 TREASURY STOCK \$ -2800 Unrestricted Fund change \$ -0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization SUNSET GROVE COUNTRY CLUB INC Employer identification number

74-1689236

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	THE CLUB'S TREASURER PREPARES A MONTHLY FINANCIAL STATEMENT FOR THE BOARD OF DIRECTORS THE STATEMENTS ARE AVAILABLE FOR INSPECTION BY ANY SHAREHOLDER OR MEMBER ALL DOCUMENTS AND RECORDS ARE KEPT IN THE CLUB'S ADMINISTRATIVE OFFICE AND ARE AVAILABLE DURING NORMAL BUSINESS HOURS
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE BOARD REVIEWED THE FORM 990 BEFORE AUTHORIZING THE TREASURER TO SIGN AND FILE THE FORMS 990 AND 990T
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE CLUB HAS SHAREHOLDERS AND MEMBERS THE SHAREHOLDERS HAVE VOTING RIGHTS TO ELECT THE BOARD OF DIRECTORS MEMBERS PAY DUES AND ENJOY THE CLUB'S FACILITIES, BUT DO HAVE NOT HAVE A VOTE FOR THE ELECTION OF OFFICERS OR OTHER MATTERS CONCERNING CLUB ASSETS OR DEBTS
		Client Note 1 - The Sunset Grove Country Club experienced a defalcation for the years 2009, 2010, & 2011 of approximately \$111,000 which are recorded as operating expenses. The amount has not been adjusted to show the theft as a separate line item at this time. Once the audit for 2010 is concluded if there is a change for purposes of computing the Form 990T, an amended Form 990 will be submitted for filing.